_	0HEDINE A (FEO Form 0V)				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9413 OF 12907 (check only one)	
IT	EMIZED RECEIPTS		for each category of the		
			Detailed Summary Page	X 11a	
				person for the purpose of soliciting contributions e to solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)		10.11		
\angle	Democratic Senatorial Campa	ign Comm	ittee		
Α.	Full Name (Last, First, Middle Initial) Betsey K Lynch			Date of Receipt	
	Mailing Address 8210 Cypress Ponit Rd			· / 3 / * * *	
	City State Zip Code			09 25 2012	
	West Palm Beach	FL	33412	Transaction ID : C7184978A	
	EEC ID pumber of contributing			Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		25.00	
	Name of Employer	Occupation	1 .		
	N/A	Retired		* Earmarked Contribution: See Below	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		215.00		
	· · · · · ·				
В.	Full Name (Last, First, Middle Initial) . Actblue PAC			Date of Receipt	
	Mailing Address PO Box 382110			P R / B U / Y Y Y	
				09 25 2012	
	City	State	Zip Code	Transaction ID : C7184978AB	
	Cambridge	MA	02238-2110	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. C C00401224			25.00	
	Name of Employer	Occupation	l	-	
	Actblue PAC	Conduit tota	al listed in Agg. field		
	Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]	
	Primary General		Note: Above Contribution earmarked through thi		
	Other (specify) ▼		3532295.72	organization.	
_	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·		
C.	. James C Lynch			Date of Receipt	
	Mailing Address 617 Camelia Trait			09 24 2012	
	City	State	Zip Code	Transaction ID : C7178690A	
	Brandon	MS	39047-6316	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			200.00	
	Name of Employer Occupation			_	
	U. Mississippi Medical Center	Professor			
	Receipt For:		Year-to-Date ▼	_	
	Primary General			* Earmarked Contribution: See Below	
	Other (specify) ▼		1265.00		
_			.		
_ ا	HIRTOTAL of Reseints This Dans (autisma)			. 225.00	
Ľ	UBTOTAL of Receipts This Page (optional)	***************************************			

TOTAL This Period (last page this line number only).....